

POSITION	IN. P. A. S.	ID NO.	DATE
<b>FEE DETERMINATION</b>	✓		
<b>O.I.P.E. CLASSIFIER</b>		110	11/20
<b>FORMALITY REVIEW</b>	BF	897	05-21-01
<b>RESPONSE FORMALITY REVIEW</b>	HA	258	01/31/01

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	11/10/01
2	N
3	N
4	N
5	N
6	N
7	N
8	N
9	N
10	N
11	N
12	N
13	N
14	N
15	N
16	N
17	V
18	V
19	V
20	V
21	V
22	V
23	V
24	N
25	V
26	N
27	V
28	V
29	V
30	V
31	V
32	V
33	V
34	V
35	V
36	V
37	V
38	V
39	V
40	V
41	N
42	N
43	N
44	N
45	N
46	N
47	N
48	N
49	N
50	X

Claim	Date
51	11/10/01
52	V
53	V
54	V
55	V
56	V
57	V
58	V
59	V
60	V
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62	N
63	N
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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JC 651  
ES/3/01